



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

ION SITE NUMBER (to be assigned by HQ)

V

IL000010152

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

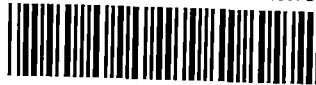
A. SITE NAME SLUDGE & BARREL DUMP		B. STREET (or other identifier) SOUTH OF 122 ND & WEST OF TORRANCE	
C. CITY CHICAGO	D. STATE ILL	E. ZIP CODE	F. COUNTY NAME COOK
G. OWNER/OPERATOR (if known) 1. NAME UNKNOWN		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input checked="" type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

OPEN DUMPING OF SLUDGE & BARRELS

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) FIELD INVESTIGATION	K. DATE IDENTIFIED (mo., day, & yr.) 6-19-80
L. PRINCIPAL STATE CONTACT 1. NAME	2. TELEPHONE NUMBER

US EPA RECORDS CENTER REGION 5



522804

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input checked="" type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION

1. NAME P. DIMOCK	2. TELEPHONE NUMBER 886-6710	3. DATE (mo., day, & yr.) 6-20-80
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input checked="" type="checkbox"/> 3. OTHER (specify): MIDNIGHT DUMPING (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) 1 ACRE	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg., min., sec.) 2. LONGITUDE (deg., min., sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		MIDNIGHT DUMPS

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE
APPROX 200	CYS										
X (1) PAINT, PIGMENTS		X (1) OILY WASTES		X (1) HALOGENATED SOLVENTS		X (1) ACIDS		X (1) FLYASH		X (1) LABORATORY PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL	
(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (specify):	
						(6) CYANIDE		(6) OTHER (specify):			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER (specify):					

1 CYD = 2.02 x 10² GAL

BARRELS APPROX 30

BARREL MARKED METHYL ETHYL KETONE

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	MIDNIGHT DUMPS

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS <input type="checkbox"/> (2) METALS SLUDGES <input type="checkbox"/> (3) POTW <input type="checkbox"/> (4) ALUMINUM SLUDGE <input type="checkbox"/> (5) OTHER(specify):	<input checked="" type="checkbox"/> (1) OILY WASTES <input type="checkbox"/> (2) OTHER(specify):	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS <input type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS <input type="checkbox"/> (3) OTHER(specify):	<input checked="" type="checkbox"/> (1) ACIDS <input type="checkbox"/> (2) PICKLING LIQUORS <input type="checkbox"/> (3) CAUSTICS <input type="checkbox"/> (4) PESTICIDES <input type="checkbox"/> (5) DYES/INKS <input type="checkbox"/> (6) CYANIDE <input type="checkbox"/> (7) PHENOLS <input type="checkbox"/> (8) HALOGENS <input type="checkbox"/> (9) PCB <input type="checkbox"/> (10) METALS <input type="checkbox"/> (11) OTHER(specify):	<input checked="" type="checkbox"/> (1) FLYASH <input type="checkbox"/> (2) ASBESTOS <input type="checkbox"/> (3) MILLING/ MINE TAILINGS <input type="checkbox"/> (4) FERROUS SMLTG. WASTES <input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES <input checked="" type="checkbox"/> (6) OTHER(specify): BARRELS APPROX. 30 BARREL MARKED METHYL ETHYL KETONE	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT. <input type="checkbox"/> (2) HOSPITAL <input type="checkbox"/> (3) RADIOACTIVE <input type="checkbox"/> (4) MUNICIPAL <input type="checkbox"/> (5) OTHER(specify):

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

SCUBES & BARRELS

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION	X			
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING	X			
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.